



DIVISION OF CHILD CARE AND EARLY LEARNING
**APPLICATION FOR CHILD CARE CENTER
LICENSE OR CERTIFICATION**

TYPE OF APPLICATION

- ☐ Initial
☐ Renewal
☐ Certification
☐ _____ OTHER

1. AGENCY NAME (PARENT CORPORATION/ORGANIZATION, SOLE PROPRIETOR/OWNER)			
2. AGENCY ADDRESS		CITY	COUNTY STATE ZIP CODE
3. TELEPHONE NUMBER (WITH AREA CODE)	4. FAX NUMBER (WITH AREA CODE)	5. E-MAIL ADDRESS (IF ANY)	
6. TYPE OF ORGANIZATION			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Government agency <input type="checkbox"/> Indian tribe</div><div><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> LLC filing as sole proprietor</div><div><input type="checkbox"/> Corporation <input type="checkbox"/> LLC filing as corporation</div><div>LLC – LIMITED LIABILITY COMPANY <input type="checkbox"/> Partnership <input type="checkbox"/> LLC filing as partnership</div></div>			
7. CHILD CARE CENTER NAME			
8. EMPLOYER IDENTIFICATION NUMBER		SOCIAL SECURITY NUMBER	
OR			
9. ADDRESS OF FACILITY TO BE LICENSED IF DIFFERENT THAN LINE 2		CITY	COUNTY STATE ZIP CODE
10. MAILING ADDRESS IF DIFFERENT THAN LINE 9		CITY	COUNTY STATE ZIP CODE
11. CENTER TELEPHONE NUMBER	12. CENTER FAX NUMBER	13. CENTER E-MAIL ADDRESS (IF ANY)	
14. FACILITY LOCATION (CHECK ONE) <input type="checkbox"/> Incorporated (city) <input type="checkbox"/> Unincorporated (city) <input type="checkbox"/> Unincorporated (county)		15. WHICH LOCAL ZONING, PLANNING, OR BUILDING CODE AGENCIES HAVE RESPONSIBILITY WHERE THE FACILITY WILL BE LOCATED?	
16. DIRECTIONS FOR REACHING FACILITY TO BE LICENSED			
17. CONTACT PERSON'S NAME		TELEPHONE NUMBER (WITH AREA CODE)	
18. NUMBER OF CHILDREN	RANGE OF AGES PREFERRED _____ TO _____		
19. A. HAVE YOU PREVIOUSLY BEEN LICENSED OR CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. IF YES, INDICATE BY WHAT NAME AND WHERE	
20. A. IS THE AGENCY LICENSED IN ANOTHER AREA OF THE STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. IF YES, INDICATE LOCATION	
21. Has the applicant been denied a license to care for children or adults? <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Has the applicant had a license to care for children or adults suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			

23. The Department of Social and Health Services (DSHS) may not license, make referrals to, payments to, or include in its directories the names of agencies that discriminate in the provision of services because of race, creed, color, national origin, sex, disability, or age, or that discriminate in employment practices because of race, creed, color, national origin, sex, disability, age (40+), sexual orientation, marital status, disabled veteran status, or Vietnam era veteran status. I hereby agree not to engage in prohibited discriminatory practices.

I further certify that I have received, read, understand and agree to comply with the provisions of Chapter 74.15 of the Revised Code of Washington (child care agency licensing statute), and with the provisions of Chapter 388-295 of the Washington Administrative Code (WAC) (minimum licensing requirements). I (we) also understand that corporal punishment of children in care is prohibited under the provisions of WAC 388-295-2040 and agree to comply with this rule. I (we) hereby further certify that the above information and required attachments are true and complete to the best of my (our) knowledge and give permission to DSHS to contact references and past employers, and to obtain personnel records from previous employers.

I (we) further understand that DSHS does a criminal history record check and a check of DSHS records for child abuse for any person applying for a child care license and the persons' employees, if any.

NOTE: WAC 388-295-0100 states that the department may deny, suspend, or revoke your license if you try to get a license by deceitful means, such as making false statements or leaving out important information on your application.

APPLICANT SIGNATURE	TITLE	DATE

24. Attach to this application any of the documents listed below that pertain to your agency. WAC or RCW references are indicated for easy referral to requirements. Please date all written information and forms. When the application is mailed to DCCEL, you must also mail or fax to the Background Central Unit (BCCU) a completed Background Authorization, DSHS 09-946, for the applicants and volunteers who will have access to the child in care. Each person who needs a Background Authorization and who has lived in Washington State less than three years must also send a fingerprint check form. Background Authorizations and fingerprint cards must be mailed together. It is not necessary to submit the remaining documents for a reapplication unless there have been changes in content. **The Background Authorization form can only be submitted to the BCCU for you and your staff if you have applied for a license.**

- a. Articles of incorporation..... RCW 74.15.070
- b. List of staff (form provided) WAC 388-295-0060
- c. Budget (form provided) WAC 388-295-0100
- d. Written parent communication (handbook) WAC 388-295-2080
- e. Personnel policies (for agency employing five or more persons) WAC 388-295-7050
- f. Forms used for client records and information WAC 388-295-7010
- g. Transportation insurance (liability and medical – include name of company and policy) WAC 388-295-2070
- h. In-service training program (for agency employing five or more persons)..... WAC 388-295-1080
- i. A floor plan of the facility drawn to scale. A simple sketch is sufficient; blueprints are not required..... WAC 388-295-0060
- j. Include fee with your application for child day care license. The charge is \$4.00 per child per year..... WAC 388-295-0060
- k. Resume and transcript of director WAC 388-295-0060
- l. Resume and transcript of program supervisor WAC 388-295-0060
- m. Copy of photo identification WAC 388-296-0060
- n. Copy of Social Security Number or Employer Identification Number WAC 388-295-0060
- o. Health care plan signed by health care professional..... WAC 388-295-0060
- p. Copy of occupancy permit..... WAC 388-295-0060

25. Provide the following documents to DSHS at the time of the inspection.

WAC references are indicated for each requirement.

- a. Water test report if water supply is from a private source WAC 388-295-5070
- b. TB skin test reports or x-ray reports prescribed by licensing requirements. If test is positive, include a physician's statement regarding communicability of conditions WAC 388-295-1120
- c. Evidence of staffs' current first aid training and cardiopulmonary resuscitation, e.g., Red Cross certificate and HIV-AIDS. Cardiopulmonary resuscitation training must include its administration for age group in care..... WAC 388-295-1110
- e. Food and beverage service worker's permit for staff preparing food and supervising food preparation..... WAC 388-295-3170

BUDGET GUIDE. IF THE SAME INFORMATION IS AVAILABLE IN YOUR DATABASE, YOU MAY ATTACH A COPY IN PLACE OF THIS PAGE.		
26. Source of funds for current fiscal year to operate child care center:	DATE FROM	DATE TO
	ESTIMATED	OR ACTUAL
a. Community chest, UGN, UC, etc.		
b. Fees for child care (private)		
c. Fees for child care (state)		
d. Other (specify):		
e. Other (specify):		
f. Other (specify):		
g. Other (specify):		
h. Other (specify):		
TOTALS		
27. Expenses for current fiscal year to operate child care center:	ESTIMATED	OR ACTUAL
a. Rent or mortgage payments		
b. Utilities		
c. Wages or salaries and benefits		
d. Other professional fees		
e. Food		
f. Supplies (household)		
g. Supplies (program)		
h. Maintenance and repairs		
i. Equipment		
j. Insurance		
k. Taxes		
l. Vehicle and transportation		
m. General operations (telephone, postage, professional dues)		
n. Other (specify):		
o. Other (specify):		
p. Other (specify):		
q. Other (specify):		
r. Other (specify):		
TOTALS		

28. AGENCY MANAGEMENT**A. EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER/OWNER/CHIEF OPERATING OFFICER OR PERSON CHARGED WITH ACTIVE CENTER MANAGEMENT**

1. NAME TITLE 21 YEARS OR OLDER?
☐ Yes ☐ No

2. REFERENCES FOR PERSON CHARGED WITH ACTIVE CENTER MANAGEMENT AND ATTACH RESUME INCLUDING EDUCATION

NAME	ADDRESS	TELEPHONE NUMBER (WITH AREA CODE)

3. Has executive director, chief executive officer, or owner (attach a statement of explanation for any "YES" answer):

YES NO

- a. Had a problem with substance abuse within the last two (2) years?..... ☐ ☐
- b. Been convicted of a crime? ☐ ☐
- c. Had a founded child abuse or neglect? ☐ ☐

B. DIRECTOR

1. NAME TITLE 21 YEARS OR OLDER?
☐ Yes ☐ No

2. REFERENCES FOR PERSON CHARGED WITH ACTIVE AGENCY MANAGEMENT AND ATTACH RESUME INCLUDING EDUCATION

NAME	ADDRESS	TELEPHONE NUMBER (WITH AREA CODE)

3. Has the director (attach a statement of explanation for any "YES" answer):

YES NO

- a. Had a problem with substance abuse within the last two (2) years?..... ☐ ☐
- b. Been convicted of a crime? ☐ ☐
- c. Had a founded child abuse or neglect? ☐ ☐

28. AGENCY MANAGEMENT (CONTINUED)		
C. PROGRAM SUPERVISOR (ONLY IF PROGRAM SUPERVISOR IS DIFFERENT FROM DIRECTOR)		
1. NAME	TITLE	21 YEARS OR OLDER? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
2. REFERENCES FOR PERSON CHARGED WITH ACTIVE AGENCY MANAGEMENT AND ATTACH RESUME INCLUDING EDUCATION		
NAME	ADDRESS	TELEPHONE NUMBER (WITH AREA CODE)
3. Has the program supervisor (attach a statement of explanation for any "YES" answer):		
a. Had a problem with substance abuse within the last two (2) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
c. Had a founded child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>

29. LEAD STAFF								
A. EMPLOYEE'S NAME	B. POSITION TITLE	C. 18 YEARS OF AGE OR OLDER	D. EXPERIENCE FOR THIS POSITION		E. EDUCATION			F. DATE EMPLOYED
			YEARS	TYPE	HIGHEST GRADE ACHIEVED HIGH SCHOOL/COLLEGE	DEGREE	AREA OF SPECIALIZATION	
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Has applicant or any other staff member (attach a statement of explanation for any "YES" answer): a. Been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Had a founded child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No								

30. NON-LEAD STAFF	
--------------------	--

[illegible]

Has applicant or any other staff member (attach a statement of explanation for any "YES" answer):

a. Been convicted of a crime? ☐ Yes ☐ No

b. Had a founded child abuse or neglect? ☐ Yes ☐ No